Contract No. 1485-13719 Vendor Name: PATRICK T. DRISCOLL, JR.

#### **AMENDMENT NO. 2**

This Amendment modifies Contract No. 1485-13719, for Administrative Hearing Service by and between the County of Cook, Illinois, herein referred to as "County" and Patrick T. Driscoll, Jr., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

#### **RECITALS**

Whereas, the County and Contractor have entered into a Contract approved by the Chief Procurement Officer on June 11, 2014, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Administrative Hearing Service (hereinafter referred to as the "Services") from May 15, 2014 through May 14, 2015, with one, one-year renewal option, in an amount not to exceed \$24,500.00; and

Whereas, Amendment # 1 was executed on May 19, 2015 for one year beginning May 15, 2015 through May 14, 2016; and

Whereas, the Contract will expire May 14, 2016, and the agreed upon Services are still required; and

Whereas, the County and Contractor desire to extend the Contract for one year beginning on May 15, 2016.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

- 1. The Contract is extended through May 14, 2017.
- 2. The attached Economic Disclosures Statement, Identification of Sub-Contractors/Suppliers/Sub-Consultants Form and MBE/WBE Utilization Plan forms are incorporated and made a part of this Contract.
- 3. All other terms and conditions remain as stated in the Contract.

In witness whereof, the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois	Patrick T. Driscoll, Jr
By: Chief Procurement Officer	Patul Duswee Signed
By:	PATRICK T. DKISCOLL JR
State's Attorney (if applicable)	Type or print name
	CONTRACTOR
	Title
Date: 10 June 2016	Date: 4—(1—(1)

Contract No. 1485-13719 Vendor Name: PATRICK T. DRISCOLL, JR.

**ATTACHMENT** 

## Cook County Office of the Chief Procurement Officer Identification of Subcontractor/Supplier/Subconsultant Form

	OCPO ONLY:	
Ω	Disqualification	•
	Check Complete	

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract. In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.:	Date:
Total Bid or Proposal Amount:	Contract Title:
Contractor PATRICK T-DRISCOLL JR	Subcontractor/Supplier/ Subconsultant to be Added or substitute:  No√E
for Contractor: PATKICK T. DRISCOLL SK.	Authorized Contact for
(Contractor): TRISCOLLE AOL.COM	Email Address (Subcontractor):
Company Address (Contractor): 1856 ABEXDEEN X	Company Address (Subcontractor):
City, State and CLANIEW IL 600 21	- City, State and Zip (Subcontractor):
(Contractor)	Telephone and Fax (Subcontractor)
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description</u>	Total Price of Subcontract for Services or Supplies	
ADMINISTRATIVE	HEARING SERVICES	

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.

Contractor <	PATKICK T. DRISCOLL	TR
Name	CONTRACTOR	
Title	Patur Douscoll &	4-9-16
Prime Contra	ctor Signature	Date /

# Patrick T. Driscoll, Jr. Amendment No. 2

This document is attached to Amendment No. 2 for the above-mentioned contract to document that an MBE/WBE Utilization Plan, although referenced in the Amendment, is not required and therefore not included with this Amendment No. 2. This Contract is under \$25,000 and, therefore, does not require a MBE/WBE subcontracting goal.

## COOK COUNTY ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1-2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15-17
6	Cook County Signature Page	EDS 18

## SECTION 1 INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

**Definitions**. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or Contracting Party means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a forprofit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or Persons means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

## INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

**Section 2: Certifications.** Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

**Section 3: Economic and Other Disclosures Statement.** Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

**Required Updates.** The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

**Additional Information.** The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

**Authorized Signers of Contract and EDS Execution Page.** If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

#### **CERTIFICATIONS**

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

#### A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer
  or employee of a unit of state, federal or local government or school district in the State of Illinois in that
  officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 et seq.;
- Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, et seq.;
- Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

#### B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

#### C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

#### D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.

#### E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 et seq.).

#### F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obliquations.

#### G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

#### H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at <a href="https://www.municode.com">www.municode.com</a>.

#### I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at <a href="https://www.municode.com">www.municode.com</a>.

#### J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- Department of Correction inmates.

#### **REQUIRED DISCLOSURES**

1. List all		OSURE OF LOBBYIST CONTACTS  hat have made lobbying contacts on your behalf with respect to this contract:
Name		Address Address
	· · · · · · · · · · · · · · · · · · ·	
2.	LOCAL	BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)
establis and wh Busines	shment loo iich emplo ss if one o	neans a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide cated within the County at which it is transacting business on the date when a Bid is submitted to the County, bys the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.
	a)	Is Applicant a "Local Business" as defined above?
	b)	Yes: X No: No: LENVIEW TL 60025
		GLENVIEW IL 60025
	c)	Does Applicant employ the majority of its regular full-time workforce within Cook County?

#### 3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

\_\_\_\_ No:\_

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

		LESTATE OWNERSHIP DISCLOSURES.
The A	pplicant n	must indicate by checking the appropriate provision below and providing all required information that either:
	a)	The following is a complete list of all real estate owned by the Applicant in Cook County:
		PERMANENT INDEX NUMBER(S): 04-23-102-013-0000
		(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)
OR:		Nomberto)
	b)	The Applicant owns no real estate in Cook County.
5.	EXCE	PTIONS TO CERTIFICATIONS OR DISCLOSURES.
If the A	Applicant in this	is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained is EDS, the Applicant must explain below:
		MONE

#### COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
- 2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This St	atement is being	g made t	y the [ 🌂 ] App	olicant or	[ ]	Stock/Ben	eficial Interest Holder	
This St	atement is an:		[ <b>/</b> _] Orig	ginal State	ment or [ ]	Amended :	Statement	
Identify	ing Information:							
Name _	ATKI	ck (	1. DRIS	COLL	JR,			
D/B/A:_					FEIN	NO.:		
Street A	Address: 185	6 AB	ERDEON	DR.				
City: _(	GLENVIER			State:	IL		Zip Code: 600 15	
Phone I	Vo.:(847)83	2-10	36 Fax 1	Number:(8	47)832-1	037	Email: PTDRIS COLLA	<u> </u>
							ADL.	-DN
Cook Co (Sole P	ounty Business R Proprietor, Joint Vo	egistration	on Number: artnership)	852	098			<del></del>
Corpora	ite File Number (i	f applical	ole):					
	f Legal Entity:							
×	Sole Proprietor	[]	Partnership	[]	Corporation	[]	Trustee of Land Trust	
[ ]	Business Trust	[ ]	Estate	[]	Association	[ ]	Joint Venture	
[]	Other (describe)							

OWINGIS	mp merest beclaration.	
1.	List the name(s), address, and percent ownership of each Person having a legal or benefici ownership) of more than five percent (5%) in the Applicant/Holder.	al interest (including

Name	Addre	ess	Percentage Interest in
P	ATRICK T. DRISCOLL J	TE.	Applicant/Holder
		'ST ABERDEEN DR	100 7
	Gs	GANIEW IL 60	5025
2.	If the interest of any Person listed in (1) ab and address of the principal on whose beh	ove is held as an agent or agents, o alf the interest is held.	r a nominee or nominees, list the name
Name	of Agent/Nominee Name	of Principal	Principal's Address
3.	Is the Applicant constructively controlled by		
	If yes, state the name, address and percer such control is being or may be exercised.	ntage of beneficial interest of such pe	erson, and the relationship under which
Name	Address	Percentage of Beneficial Interest	Relationship
For all o	rate Officers, Members and Partners Informations, list the names, addresses, and addresses for all members. For all partners	terms for all corporate officers. For a	all limited liability companies, list the es, addresses, for each partner or joint
Name	Address    J.A.A.	Title (specify title of Office, or whether manaç or partner/joint venture)	Term of Office ger
Declar:	ation (check the applicable box):  I state under oath that the Applicant has with any information, data or plan as to the intel County Agency action.	thheld no disclosure as to ownership nded use or purpose for which the A	interest in the Applicant nor reserved applicant seeks County Board or other
[ ]	I state under oath that the Holder has withh required to be disclosed.	eld no disclosure as to ownership in	terest nor reserved any information

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

PATRICK T. DRISCOLL JR	OWDER
Marne of Authorized Applicant Holder Representative (please print or type)	Title 4-7-16
PTDRISCOLL@AOL.COM	Date (312)7 18-5201
E-mail address	Phone Number
Subscribed to and sworn before me this day of 1/2, 20	My commission expires: // 4/20/8
x / Mlu Uky  Notary Public Signature	Nation Cont
OFFICIAL SEAL CARLICE WASHINGTON	Notary Seal
Notary Public - State of Illinois My Commission Expires Jan 4, 2018	



#### COOK COUNTY BOARD OF ETHICS 69 W. WASHINGTON STREET, SUITE 3040 CHICAGO, ILLINOIS 60602

312/603-4304 Office 312/603-9988 Fax

### FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

#### Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors.
- its officers.
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and

☐ Son-in-law

☐ Daughter-in-law

☐ Brother-in-law

☐ Sister-in-law

its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

#### **Additional Definitions:**

"Familial relationship" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or ☐ Parent ☐ Grandparent ☐ Stepfather ☐ Child ☐ Grandchild ☐ Stepmother ☐ Brother ☐ Father-in-law ☐ Stepson ☐ Sister ☐ Mother-in-law ☐ Stepdaughter

☐ Stepbrother

☐ Half-brother

☐ Stepsister

☐ Half-sister

☐ Aunt

□ Uncle

□ Niece

□ Nephew

## COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY
Name of Person Doing Business with the County: RATRICK T. DRISCOLL JK.
Address of Person Doing Business with the County: 1856 A BERDERN DR - GLENKEW
Phone number of Person Doing Business with the County: (847) 832 - 1036
Email address of Person Doing Business with the County: PTDR ISCOLL @AOL.COM
If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:
D. W. A
DESCRIPTION OF BUSINESS WITH THE COUNTY  Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:
The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County:
CONTRACT 1485-13719
The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 34,500.00
The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County:
The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County:
DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS
Check the box that applies and provide related information where needed
The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

## COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

individual and at lea	st one Cook County employed	individual and there is a familial e and/or a person or persons holdin thin Cook County. The familial r	g elective office in the State of
Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
The Person Doing B one member of this	business entity's board of dire	business entity and there is a family	for general administration of the
engaged in contractor County employee ar	nal work with the County on b nd/or a person holding elective	ments on behalf of the business en behalf of the business entity, on the coffice in the State of Illinois, Coo The familial relationships are as f	one hand, and at least one Cook k County, and/or any
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship <sup>*</sup>
Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship <sup>*</sup>
Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
If mo	ore space is needed, attach an	additional sheet following the above	ve format.
VERIFICATION: To the complete. I acknowledge the part debarment.	best of my knowledge, the in at an inaccurate or incomplet	information I have provided on this is disclosure is punishable by law, $4-9-1$	s disclosure form is accurate and including but not limited to fines
Signature of Recipient	- U	Date	
SUBMIT COMPLETED FO	69 West Wash	Board of Ethics nington Street, Suite 3040, Chicago 503-4304 – Fax (312) 603-9988	, Illinois 60602

\* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

CookCounty.Ethics@cookcountyil.gov

#### **COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE**

Effective May 1, 2015, every Person, <u>including Substantial Owners</u>, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

I. Contract Information:
Contract Number: 1485-13719 ACCOUNT #2
County Using Agency (requesting Procurement): ASSESSIL DE CIDE COUNTY
II. Person/Substantial Owner Information:
Person (Corporate Entity Name):
Substantial Owner Complete Name: PATRICE T. DR ISCOLL JR
FEIN# 339343386
Date of Birth E-mail address: PTDRISCOLLS RAOL .CD M
Street Address: 1856 A GARDEEN DR
City: CLENVIEW State: IL Zip: 60020
Home Phone: 847 832-1036 Driver's License No:
III. Compliance with Wage Laws:
Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:
Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO
Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES of NO
Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES of NO
Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO
Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES of NO
Any comparable state statute or regulation of any state, which governs the payment of wages YES of NO

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

#### IV. **Request for Waiver or Reduction**

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default YES or NO

Other factors that the Person or Substantial Owner believe are relevant. YES or NO

Note:	Notary Public Signature  The above information is subject to verification prior to the award of	Notary Seal  the Contract. OFFICIAL SEAL
1-2	Subscribed and sworn to before me this // // day of //	pul ,20/6
/	Name of Person signing (Print): PATPLOT T. DRECOLL	TR Title: CONER
	Signature: The Survey	Date: 471-16
V.	Affirmation The Person/Sulpstantial Owner affings that all statements contained in t	the Affidavit are true, accurate and complete

## CONTRACT AND EDS EXECUTION PAGE PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

**Execution by Corporation** 

Corporation's Name	President's Printed Name and Signature
elephone	Email
ecretary Signature	Date
	Execution by LLC
LC Name	*Member/Manager Printed Name and Signature
Date	Telephone and Email
Exec	eution by Partnership/Joint Venture
Partnership/Joint Venture Name	*Partner/Joint Venturer Printed Name and Signature
Date	Telephone and Email
Orac (	execution by Sole Proprietorship
Printed Name Signature	Assumed Name (if applicable)  847 - 83 Z - 1036
4-H-16 Date	Telephone and Email
Subscribed and sworn to before me this day of 40 40, 20	My commission expires: 3/11/19
Marexanta Ranuex	wy commission expires p. p. p.
Notary Public Signature	Notary Seal

\*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.

OFFICIAL SEAL
MARGARITA RAMIREZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/11/19

8/2015